SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138



2/13/19

Date Stamp (Received)

Permit #: 19-0109

Date: 5-17-19

Amount Paid: Refund:

INSTRUCTIONS: No p Checks are made pays DO NOT START CONS	able to: Bayfield	County Zoning		LICANT.		FILL OUT	IN INK (NO P	PENCIL)				
TYPE OF PERMIT R	EOUESTED—	MIANI	O USE   SANITAR	Y D PRIVY	CONDITIONA	L USE   SPECIAL	USE D B.C	).A. 🗆 O	THER			
Owner's Name:			Maili	ng Address:	City	State/Zip:		Telephon				
Joar	ine 1	n. SI	Von T.	0 130x	51/10	vshburn	,					
Address of Property:			City/					Cell Phon	e:			
7613	5 1	2w 15	on Rd 1	HIS C	Onsi	n 5489						
Contractor:		- 10			Plumber:			Plumber	Phone:			
Authorized Agent: (	Person Signing Ap	olication on behal	f of Owner(s)) Agen	t Phone:	Agent Mailing Ad	dress (include City/State,	/Zip):	Written A	Authorization			
								The state of the s	□ No			
PROJECT	Logal Doses	iption: (Use T	Tax II		>		Recorded Do		owing Ownership)			
LOCATION	Legal Desci	iption. (ose i	ax Statement)	3113	>				7-0			
_SW 1/4, _	£ 1/4	Gov't Lot	Lot(s) CSM	Vol & Page   CSN	/I Doc# Lot(s	s) No. Block(s) No.	Subdivision:					
		==					1					
Section 32	, Township	49 N, R	ange <u>5</u> w	Town of:			Lot Size	Acrea	5			
				WAShbi	J-10				3			
			n 300 feet of River, Stre		Distance Stru	cture is from Shoreline	ISPI	operty in	Are Wetlands			
☐ Shoreland →		11		yescontinue>	-			olain Zone?  Yes	Present?			
	☐ Is Prope	ty/Land withi	n 1000 feet of Lake, Po	nd or Flowage	Distance Stru	cture is from Shorelin	e.	∦ No	No No			
May 61				- Continue	-							
Non-Shoreland												
Value at Time				Section 1	# of				Type of			
of Completion	Dro	ject	# of Stories	Foundation	bedrooms		nat Type of Sanitary System	em	Water			
* include donated time &	Pio	ject	# Of Stories	Toundation	in		the property		on			
material					structure				property			
	☐ New Cor		☐ 1-Story	☐ Basement		☐ Municipal/City ☐ (New) Sanitary		•1:	☐ City			
\$		/Alteration	☐ 1-Story + Loft	☐ Foundation	2 3	Sanitary (Exists			N Well			
	☐ Convers	(existing bldg)	☐ 2-Story		× 4_		□ Vaulted (min 200 gallon)					
	Run a Bu			Use	☐ None	☐ Portable (w/ser						
	Property		*									
			1	Year Round		☐ Compost Toilet						
		ple Resid	ences			□ None						
Existing Structur	M Multi	ple Resid		ं		□ None			16			
Existing Structur Proposed Constr	e: (if permit b	ple Resid				· · · · · · · · · · · · · · · · · · ·	Coff House		16			
100	e: (if permit b	ple Resid		니 역 이 Length: 박 이		□ None  Z 8  Width: 2 8	Coff House	Height:	( G			
100	e: (if permit bruction:	ple Resid		니 역 이 Length: 박 이	APPENDING SERVICE	□ None  Z 8  Width: 2 8	Coff House	Height: Height:	/ G  Square Footage			
Proposed Constr	e: (if permit bruction:	eing applied fo		Length: 40 Length: 40 Length:	ıre	□ None  Z 8  Width: 2 8	Cott. House	Height: Height: ions				
Proposed Constr	e: (if permit buction:	eing applied fo	or is relevant to it)	Length: 40 Length: 40 Length: Proposed Structure on property)	ıre	□ None  Z 8  Width: 2 8	Dimens ( 40 X	Height: Height: ions 2 8 )	Footage			
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Proposed Use Proposed Use Residential Rec'd	e: (if permit bruction:  se  Use  for Issuand	eing applied fo	Structure (first structe (i.e. cabin, hunting with Loft owith a Porch with (2 <sup>nd</sup> ) Porch with a Deck	Length: Control Length:  Proposed Structure on property) (shack, etc.)	ıre	□ None  Z 8  Width: 2 8	Dimens ( 40 X ( X ( X ( X	Height: Height:  ions  2 8 )  1 2 )  1 4 0  1 7 6 )	Footage 1120 1144			
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box below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCÍL

Show Location of:

**Proposed Construction** 

(2) Show / Indicate: North (N) on Plot Plan

(3)Show Location of (\*): (\*) **Driveway** and (\*) **Frontage Road** (Name Frontage Road)

(4)Show:

(5)

All Existing Structures on your Property

Show: Show any (\*): (6)

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(7) Show any (\*):

(\*) Wetlands; or (\*) Slopes over 20%

See Previous Pernits
and attached
air photos

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurem	ent	Description	Measurem	ent
Setback from the <b>Centerline of Platted Road</b>	1533	Feet	Setback from the <b>Lake</b> (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way	1500	Feet	Setback from the River, Stream, Creek	A ( )	Feet
			Setback from the Bank or Bluff	MA	Feet
Setback from the <b>North</b> Lot Line	75	Feet		101	
Setback from the <b>South</b> Lot Line	475	Feet	Setback from Wetland	Septem.	Feet
Setback from the <b>West</b> Lot Line	90	Feet	20% Slope Area on the property	☐ Yes S	QNo
Setback from the <b>East</b> Lot Line	215	Feet	Elevation of Floodplain	~	Feet
			,		
Setback to Septic Tank or Holding Tank	100	Feet	Setback to Well	70	Feet
Setback to <b>Drain Field</b>	110	Feet		40	
Setback to <b>Privy</b> (Portable, Composting)	NA	Feet			

er previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

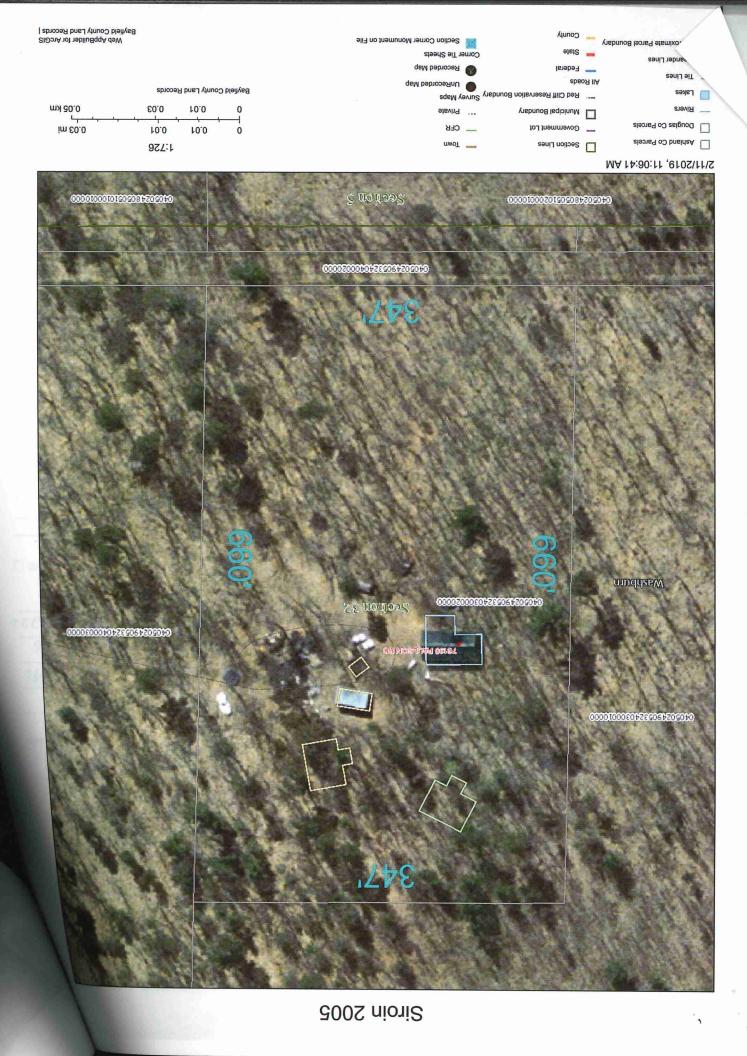
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 4	7385	# of bedrooms: 3	Sanitary Date:	10/10/05				
Permit Denied (Date):	Reason for Denial:								
Permit #: 19-0109	Permit Date: 5-1	7-19							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming    Yes (Deed of Record   Yes (Fused/Contigue)   Yes   Yes	ous Lot(s)) No	Mitigation Required Mitigation Attached	Yes No	Affidavit Required Affidavit Attached	☐ Yes ☐ No ☐ Yes ☐ No				
Granted by Variance (B.O.A.)  ☐ Yes ☐ No Case #:		Previously Granted by Yes  No	y Variance (B.O.A.) SP-Case	12 Excapt : 07-03 G	The second second second				
	Enisting	Were Property Line	es Represented by Owner Was Property Surveyed	Yes	□ No				
Inspection Record: ATF Ramit G	a multip	It Residences.  Zoning District (P1)  Lakes Classification (~)							
Date of Inspection: 3 (4)	Inspected by: Rob	ut Schi-	er man	Date of Re-Inspec					
Condition(s): Town, Committee or Board Conditions Attack  Rer recorded Conditions  Decision	thed? YLYes INO-(If]	No they need to be atta	i. Zoning	Commit	tre				
Signature of Inspector:		2016/03/20		Date of Appro	oval:) 19				
Hold For Sanitary: Hold For TBA:	Hold For Affid	avit: 🔲	Hold For Fees:						
MAV 17 2040									

MAY I / ZUIS

Secretarial Staff

SIGNATURE 5-16-19



### May Also Be Required

SANITARY - 467385 (10/10/2005)
SIGN SPECIAL CONDITIONAL - X (ZC Mtg: 4/18/2019)
BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. <b>19-0109</b>						Issue	d To: <b>Jo</b>	anne	Siroin							
Par in Location	on: <b>S</b> \	SW 1/4		of	SE	1/4	Section	32	Township	49	N.	Range	5	W.	Town of	Washburn
Gov't Lo	ot			I	_ot		Blo	ock	Sı	ıbdivisi	on				CSM#	
(Disclai	mer): /	Any f	futu	re ex	pansio	ns or (	1-stor 2-dec developmen	y <u>resid</u> ks (12 nt would	dence (40 x x 16 & 4 x require addition	28) w 30) <b>]</b> onal per	ith <u>dc</u> mitting	ormer (12	2 x 1	2) and	d	residence and a
												vner. 2j it	New			nay be revisited.
NOTE:	<b>NOTE:</b> This permit expires one year from d work or land use has not begun.				date of issua	ance if th	ne authorized c	onstructi	on		Rob Schierman					
_					shall not be	made w	vithout obtaining	annrov	al.		Authorized Issuing Official					
	Changes in plans or specifications shall not be made wi This permit may be void or revoked if any of the applica- to have been misrepresented, erroneous, or incomplete						ation informatio				May 17, 2019					
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.							ž.	Date								

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Dep PO Box 58 Washburn, WI 54891 (715) 373-6138

#### **APPLICATION FOR PERMIT**



Permit #:	19-0110
Date:	5-17-19
Amount Paid:	\$125 5-13-1
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning D

	STRUCTION	ON UNTIL	ALL PERMITS	HAVE BEEN IS	SUED TO	APPLICANT.	Zoning	Dept.		FIL	L OUT IN II	NK (NO PE	NCIL)		
TYPE OF PERMIT	REQUES	STED→	LAN	CIAL USE	☐ B.O.	A. 🗆 (	ОТНЕ	R							
Owner's Name:	ICY A	<i>America</i>	y (tower	owner)	M:	Mailing Address: City/State/Zip:							Telephone:		
31	M Sc	hneid	Ñ		2	159 00.	MILOOM	re Mil	3208		414-9	35-	3000		
Address of Property	y:				Cit	y/State/Zip	):				Cell Pho	ne:			
77225 (	hurch	Corn	er Rd		11	Jashbur	n WI	<	54891						¥i
Contractor:			ntractor Ph		Plumb					Plumber	Phon	٥٠			
													riumber	1 11011	c.
Authorized Agent:				If of Owner(s))	"	ent Phone:		Agent	Mailing Ad	ddress (include City)	Ştate/Zip):		Written	Autho	rization
Eddie Buell,	, T-A	nobile	-		61	2-716-0	926	1360	Energy	, MN SSI	H 210		Attached		
PROJECT						x ID#			71 . 18001	1 /11/00 331		d Documen	✓ Yes	erty (	Ownershin)
LOCATION	Lega	l Descrip	tion: (Use 1	ax Statemen	t)	31075	-					12 R		1	14
A SE	< E		Gov'	t Lot	Lot(s)		Vol & Pag	e	Lot(s) No	o. Block(s) No.	Subdivisi	on:			
2 <u>SE</u> 1/4,	01	_ 1/4					_		. ,						
7	8		Ha	N, Range			Town of:				Lot Size		Acrea	70	
Section _	,	Township	91	N, Range	<u> </u>		Was	hburi	n.		LOUSIZE		Z	_	
									11						
				n 300 feet o of Floodplai					tance Stru	acture is from Sho	reline :	Is Prop	erty in	Are	Wetlands
☐ Shoreland —				•		f yescon		_			feet	Floodpla	in Zone?		Present?
	□ Is	Property	/Land withi	n 1000 feet			_		tance Stru	acture is from Sho					Yes
*Class						f yescont	unue —	_			feet	<b>\</b>	NO.		□ No
Non-Shoreland															
Value at Time				Dan Ma	nini ng										
of Completion									# of	48 14 15	What Ty	ne of			Type of
* include		Proje	ct	# of S	tories	Four	ndation	be	bedrooms	Sew		ry Systen			Water
donated time &									in		on the pr				on
material			ووليتك						ructure						property
		w Const		1-Sto			sement			☐ Municipal/					☐ City
\$			Alteration						2	☐ (New) Sani				_	□ Well
10,600		nversion		2-Sto	У			_	3	☐ Sanitary (Ex					
		n a Busi	xisting bldg)	<u> </u>								or Uaulted (min 200 gallon)			
		perty	iess on			M					v/service contract)				
	П	perty				M Yea	ar Round	1		☐ Compost To	oilet				
										None None					
Existing Structur			ng applied fo	r is relevant	to it)	Length	h:			Width:		He	531	tower	
Proposed Constr	ruction:	711			1180	Length	h:			Width:		He	ight: MW	dish	€ 380'
The section of						48	The second section	7 7 1							
Proposed Us	se	1				Propose	ed Struct	ure			0	imension	IS		quare
			Principal	Structure	(first stru	ucture on	property	<u>')</u>			1	Х	1	10	otage
						nting shack, etc.)						X	<del>'</del>		
Rec'd for	Issuer	200		with Lof		Herib Stidek, Clear						X	1		
Residential	Use			with a P	orch							X	1		
MAY 17	7 201	Q		with (2 <sup>n</sup>	d) Porch	rch						X	1		
THE L	· ZUI	Ų.	9	with a D	eck		. *	, ,			(	X	,		
Secretari	al Stat	1		with (2 <sup>n</sup>	d) Deck				GC.		i	X	)		
Secretari	Use			with Att	ached G	arage					i	Х	)	•	
			Bunkhous				ng quarter	s or $\square$	cooking o	food prep facilitie	c) /	X	,		
				ome (manu			o yuui tel	o, <u>oi</u> 🗆	COUNTING &	. Toou prep racilitie	) (		)		
		10					Acres 1 15	int I		(5)	. (	X	, ,	- Chapter	
☐ Municipal U	Jse					9	MW di	un to	Tower	(3' mw dish)	( 3	3' x 3	)	75	5F
Accessory Building (spe					(specify						(	Х	)		
	☐ Accessory Building Addit						n (specif	y)			(	Х	)		
		☐ Special Use: (explain)									(	Х	)		
			Special Us	e: (explain)											
			Special Us Condition	al Use: (explain)	olain)						(	X	)		
8			Condition	al Use: (explain) plain)	olain)						(	X	)		
8			Other: (ex	al Use: (exp plain)	olain)				IT A DEPART	TWILL DECLIE	(		)		
I (we) declare that this a	pplication (	including an	Other: (ex	al Use: (exposition)  OBTAIN A PER	MIT or STA	RTING CONS	STRUCTION s) and to the	WITHOU hast of my	( lour) knoude	F WILL RESULT IN PEN	and the second	х	) ) acknowledge	e that I	(we) am
I (we) declare that this a (are) responsible for the result of Bayfield Count property at any reasonal	y relying or	including ar accuracy of a this inform	Condition Other: (ex FAILURE TO y accompanying all information I ation I (we) am	al Use: (expplain)  OBTAIN A PER information) ha	MIT or STA	RTING CONS	STRUCTION s) and to the	WITHOU best of my	(our) knowle	edge and belief it is true,	correct and co	X mplete. I (we)	Secretary and the control of the second	TOTAL STREET, 14	

g on behalf of the owner(s) a letter of authorization must accompany this application)

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 5/10/19

**Copy of Tax Statement** 

rty (regardless of what you are applying fo Fill Out in Ink – NO PENCIL (1) Show Location of: **Proposed Construction** Show / Indicate: North (N) on Plot Plan Show Location of (\*): (\*) **Driveway**  $\underline{and}$  (\*) **Frontage Road** (Name Frontage Road) Show: All Existing Structures on your Property (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20% Please see enclosed drawings depicting microwave dish on existing tower. lease complete (1) - (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point) Description Measurement Description Measurement ck from the Centerline of Platted Road 540 Feet Setback from the **Lake** (ordinary high-water mark) Feet ck from the Established Right-of-Way 510 Feet Setback from the River, Stream, Creek Feet Setback from the Bank or Bluff Feet k from the **North** Lot Line 206 Feet k from the **South** Lot Line 460 Feet Setback from Wetland Feet k from the West Lot Line 760 Feet 20% Slope Area on the property Yes □ No from the **East** Lot Line 510 Feet Elevation of Floodplain Feet to Septic Tank or Holding Tank NA Feet Setback to Well Feet to Drain Field NIA Feet to **Privy** (Portable, Composting) NIA Feet d setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the ement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

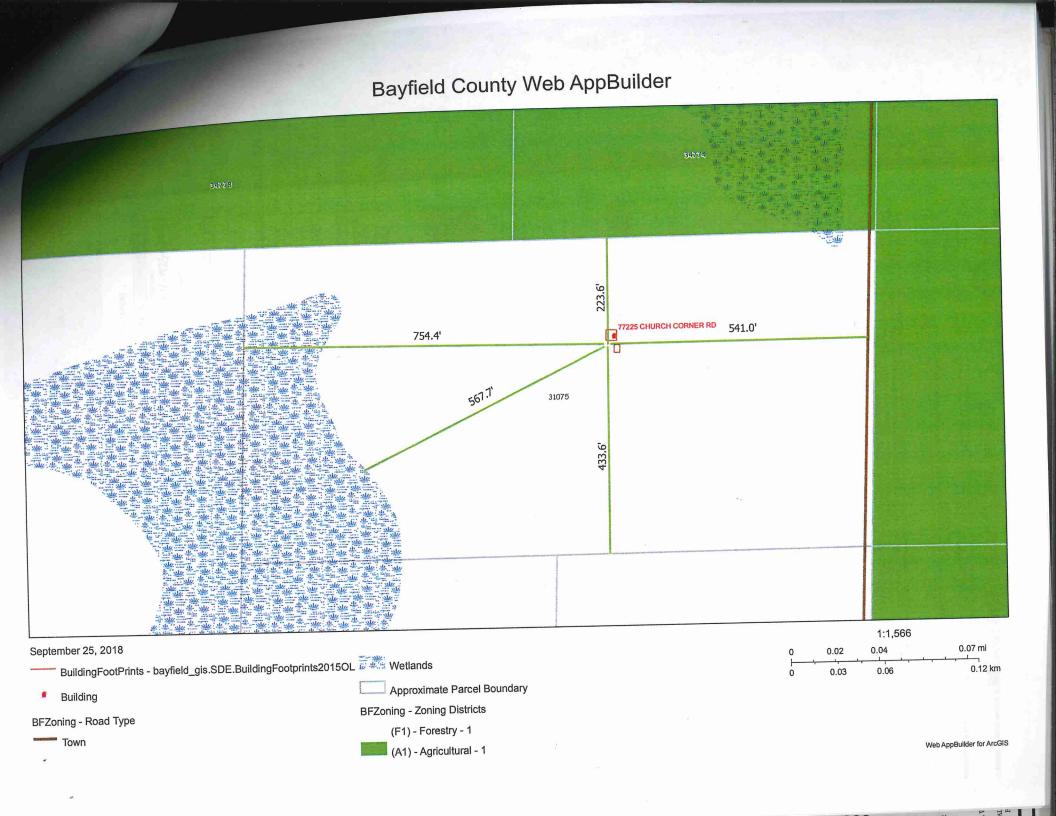
lacement or construction of a structure within ten (10) feet of the minimum resly surveyed corner or marked by a licensed surveyor at the owner's expense.

surveyed corner to the other

For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

The local rown, village, City, State	or Federal agencies may also require permits.
tion (County Use Only)   Sanitary Number:	Hothodo
#: Previously Gran	On Required Ves No Affidavit Required Affidavit Attached Ves No
Hold For Affidavit: Hold	Date of Approval:  5/16/19



### Village, State or Federal May Also Be Required

SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-0	110		Į:	Issued To: VCY America Inc. / Eddie Buell, Agent for T-Mobile											
N ½ of Location:	SE	1/4	of	SE	1/4	Section	28	Township	49	N.	Range	5	W.	Town of	Washburn	
Gov't Lot	Lot Lot Block				Sul	bdivisio	n				CSM#					

For: Commercial Principal Addition / Alteration: [ 1- Story; Microwave Dish (3' x 3') = 7 sq. ft. ]

(Disclaimer): Any future expansions or development would require additional permitting

Condition(s): Install per provided plans.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

#### **Todd Norwood**

Authorized Issuing Official

May 17, 2019

Date